| | in this information to Identify your c | ase: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 14 M. 184 | | | | | | |
|-------------|--|--|---|-----------|------------|-------------------------|------------|----------------|----------------------------------|-----------|
| De | blor 1 Lynn Ann S | imon | | | | | | | | |
| | btor 2 nuse, if filing) | | ••••••••••••••••••••••••••••••••••••••• | | | | | | | |
| Un | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF CALIFORNIA | | | | | | | |
| | se number 19-31238 | | | | | Check i | f this is: | | | |
| (11 k | nwa) | | | | | ☐ An a | | | | |
| | CC ! 1 F | olis 1974 97 a 1984 a Stadista and a mala materials and a management and a | | | ******* | | | | g postpetition ollowing date: | |
| | fficial Form 106I | | | | | MM | / DD/ Y | YYY | | |
| | chedule I: Your Inc | | | | | | | | | 12/15 |
| Pa | use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment | On the top of any additi | onal pages, write you | ur name | ė an | d case num | ber (if i | known). A | inswer every | question. |
| 1. | Fill in your employment information. | | Debtor 1 | | | D | ebtor 2 | or non-fi | ling spouse | |
| | If you have more than one job, | Employment status | Employed | | | |] Emplo | mployed | | |
| | attach a separate page with information about additional employers. | . • | ☐ Not employed | | Ε | | | ☐ Not employed | | |
| | twolude part time executed as | Occupation | Hostess | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Iron Gate | | none e e e | errosterradosos er este | | ~~~ | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1360 El Camino Belmont, CA 940 | | | | | | | |
| | | How long employed to | here? 1 year | | | | | | | |
| Pai | Give Details About Mon | thly Income | | | | | | | | |
| isti por | mate monthly income as of the da ise unless you are separated. | nte you file this form. if | | | | | | | | r-filing |
| f yo nor | u or your non-filling spouse have mo space, attach a separate sheet to | ire than one employer, co this form. | embine the information | for all e | empl | loyers for the | it perso | n on the & | nes below. If y | you need |
| | | | | | | For Debto | | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, salar deductions). If not paid monthly, or | y, and commissions (be alculate what the month) | efore all payroll y wage would be. | 2. | \$ | 1,20 | 06.00 | \$ | N/A | |
| 3. | Estimate and list monthly overti | me pay. | | 3. | +\$ | | 0.00 | 1\$ | N/A | |
| 4. | Calculate gross Income. Add lin | e 2 + line 3. | | 4. | \$ | 1,206 | 00 | \$ | N/A | |

EXHIBIT 1

Official Form 1981: 19-31238 Doc# 15 Filed: 01/08/20th Enge 16 of page 16 of page 1

| Debi | tor 1 | Lynn Ann Simon | | (| Caseı | number (if i | known |) - | 19-31 | 1238 | | | |
|------|---------------|---|----------------|-------|---------|---------------|-------|----------|---------|---------------------------|-------------|--------|--------|
| | Cor | oy line 4 here | 4. | | For | Debtor 1 | |) 1 | | Debtor -filing s | | | |
| | • | | -1. | | Ψ | 1,20 | V.U. | | Ψ | | 1477 | | |
| 5. | List | all payroll deductions: | | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | | \$ | | 3.79 | | \$ | | N/A | | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | , | 0.00 | | \$ | | N/, | | |
| | 5c. | Voluntary contributions for retirement plans | 5c 5d | | \$ 5 | ~~~ | 0.00 | | \$ | | N/, | | |
| | 5d. 5e. | Required repayments of retirement fund loans Insurance | 5e | | » | | 0.00 | eren . | Ф \$ | | N/2 N/2 | | |
| | 5e. 5f. | Domestic support obligations | 5f. | | Ф \$ | | 0.00 | | φ \$ | | N/A | | |
| | 5g. | Union dues | 5g | | \$ | | 0.00 | | \$ | | N// | | |
| | 5h. | Other deductions. Specify: | 5h | | \$ | | 0.00 | F 20.25 | - \$ | | N/A | A | |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | <i>A</i> | 3.79 | | \$ | | N/A | | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 1,16 | | | \$ | | N/A | | |
| | | | ٠. | | Ψ | 1,10 | 2.2 | A.A | Ψ | 279 T AN WALL ALL WALL AS | | | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | | | |
| | | monthly net income. | 8a | | \$ | 4,00 | 0.0 | 0 | \$ | | N/A | Ą | |
| | 8b. | Interest and dividends | 8b | ٠. | \$ | | 0.00 | D | \$ | | N/A | 4 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | | \$ | | 0.0 | n | \$ | | N/A | ٨ | |
| | 8d. | Unemployment compensation | 8d | | \$ | | 0.0 | | \$ | | N/ | | |
| | 8e. | Social Security | 8e | | \$ | 1,93 | | _ | \$ | | N/ | | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ | | 0.00 | 0 | \$ | | N/. | A | |
| | 8g. | Pension or retirement income | 8g | ١. | \$ | | 0.0 | 0 | \$ | | N/ | A | |
| | 8h. | Other monthly income. Specify: Cash tips | _ 8h | + | \$ | | 0.00 | | + \$ | | N/ | | |
| | | Boarding income | | | \$ | 2,40 | 0.00 | 0 | \$ | | N/ | A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 8,64 | 7.0 | D | \$ | | N | /A | |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | | .809.21 | + | \$ | | N/A | = \$ | ۵ | 809.21 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | *- | | 7,000.2.1 | - 1 | * | | 14/74 | * . | | 000.21 |
| 11. | Stat Inclu | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not a | depe availa | able | e to p | - ay expen | ses | | | | ∍ J. +\$ | | 0.00 |
| 12, | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | | 12. | \$ | | 809.21 |
| | | | | | | | | | | | Comb | | |
| 13. | Do y | you expect an increase or decrease within the year after you file this form. No. | ? | | | | | | | | mont | niy li | acome |
| | | Yes, Explain: | | ***** | **** | | | | A | A. J | | | |

Official Form 1061: 19-31238 Doc# 15 Filed: 01/08/2016E1Yevrelinoons / 108/20 12:34:49 Page 17 of Page 2 37

United States Bankruptcy Court Northern District of California

| In re | Lynn Ann Simon | | Cas | e No. | 19-31238 | |
|-------|---|--------------------------------------|--------------------------|-------------------|---|-----------------|
| | | Debtor(s) | Cha | pter | 13 | |
| | BUSINESS | INCOME AND EXF | PENSES | į. | | |
| F. | INANCIAL REVIEW OF THE DEBTOR'S BUS | | | | related to the busin | ess operation) |
| | A - GROSS BUSINESS INCOME FOR PREVIO | | <u> </u> | | iomou in the main | oss operation.) |
| | 1. Gross Income For 12 Months Prior to Filing: | 705 12 MONTHS. | \$ | 3.4 | 1,575.00 | |
| | B - ESTIMATED AVERAGE FUTURE GROSS | MONTHE VINCOME. | <i>y</i> | | ,,,,,,,,, | |
| | 2. Gross Monthly Income | MONTHLE INCOME. | | | \$ | 4,000.00 |
| | C - ESTIMATED FUTURE MONTHLY EXPEN | Jene. | | | Ψ | 4,000,00 |
| | 3. Net Employee Payroll (Other Than Debtor) | NDENO. | \$ | | 0.00 | |
| | 4. Payroli Taxes | | ų. | , | 0.00 | |
| | 5. Unemployment Taxes | | | | 0.00 | |
| | 6. Worker's Compensation | | | | 0.00 | |
| | 7. Other Taxes | | 20, 201 20, 2224 202 2 | | 0.00 | |
| | 8. Inventory Purchases (Including raw materials) | | | | 0.00 | |
| | 9. Purchase of Feed/Fertilizer/Seed/Spray | | 20 hast 200 PM . Acc. | ***************** | 0.00 | |
| | 10. Rent (Other than debtor's principal residence) | | | | 0.00 | |
| | 11. Utilities | | | | 0.00 | |
| | 12. Office Expenses and Supplies | | #1189 14 1,480,480 18 | | 0.00 | |
| | 13. Repairs and Maintenance | | | | 0.00 | |
| | 14. Vehicle Expenses | | | | 0.00 | |
| | 15. Travel and Entertainment | | | | 0.00 | |
| | 16. Equipment Rental and Leases | | | | 0.00 | |
| | 17. Legal/Accounting/Other Professional Fees | | | | 0.00 | |
| | 18. Insurance | | and the second flows are | | 0.00 | |
| | 19. Employee Benefits (e.g., pension, medical, etc.) | | | | 0.00 | |
| : | 20. Payments to Be Made Directly By Debtor to Secured Cre | ditors For Pre-Petition Business Deb | ts (Specify): | | 77 - 1977 - 1970 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - | |
| | DESCRIPTION | тот | AL | | | |
| 1 | 21. Other (Specify): | | | | | |
| | DESCRIPTION | ТОТ | AL | | | |
| 2 | 22. Total Monthly Expenses (Add items 3-21) | | | | \$ | 0.00 |
| PARTI | - ESTIMATED AVERAGE NET MONTHLY | INCOME: | | | | |

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)

4,000.00

| FII | in this information to identify your case: | | | | |
|---|--|--|-----------------------|---|---|
| | tor 1 Lynn Ann Simon | | Ch | eck if this is: | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Lyan Aan Sinon | -11/1000 | | An amended filin | ıg |
| Deb | tor 2 | ļ | | | owing postpetition chapter |
| (Sp | ouse, If filing) | | | 13 expenses as | of the following date: |
| Unit | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF C | CALIFORNIA | | MM / DD / YYYY | |
| Cas | e number 19-31238 | | | | |
| (If k | nown) | | | | |
| O | fficial Form 106J | | | | |
| S | chedule J: Your Expenses | | | | 12/15 |
| Be info | as complete and accurate as possible. If two married peop ormation. If more space is needed, attach another sheet to onber (if known). Answer every question. | le are filing together, bot this form. On the top of a | h are eq iny addit | ually responsible ional pages, write | for supplying correct e your name and case |
| Par 1. | M: Describe Your Household Is this a joint case? | | | | |
| | ■ No, Go to line 2. | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expe</i> i | nses for Separate Househ | old of De | btor 2. | |
| | | • | | | |
| 2. | Do you have dependents? ■ No | | | | |
| | Do not list Debtor 1 and Yes. Fill out this information each dependent | | 2 ' | Dependent's age | · · · · · · · · · · · · · · · · · · · |
| | Do not state the | | | | □ No □ Yes |
| | dependents names. | \$2.4.5. A. | | | □ res □ No |
| | | | | | □ Yes |
| | | MACCON MA | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | and a second | | | |
| · (**) | • | | | | |
| Est exp | Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unle enses as of a date after the bankruptcy is filed. If this is a solicable date. | ess you are using this for supplemental <i>Schedule</i> . | rm as a s J, check | upplement in a C the box at the top | hapter 13 case to report o of the form and fill in the |
| the | lude expenses paid for with non-cash government assistar value of such assistance and have included it on <i>Scheduk</i> ficial Form 106L) | | | Your e | |
| 4. | The rental or home ownership expenses for your residen payments and any rent for the ground or lot. | i ce. Include first mortgage | 4. | \$ | 0.00 |
| | | | | *************************************** | |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. 4c. | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues | | 4d. | | 0.00 |
| 5. | Additional mortgage payments for your residence, such a | as home equity loans | 5. | , | 0.00 |
| | | , , | | | |

Official Form 106J Schedule J: Your Expenses

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| Del | btor 1 Lynn Ann Simon | Case number (if known | 19-31238 |
|-----|---|--|--|
| 6. | Utilities: | | |
| ٥. | 6a. Electricity, heat, natural gas | 6a. \$ | 300.00 |
| | 6b. Water, sewer, garbage collection | 6b. \$ | 204.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 250.00 |
| | 6d. Other, Specify: | 6d. \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. \$ | 250.00 |
| 8. | Childcare and children's education costs | 8. \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. \$ | 0.00 |
| 10. | | 10. \$ | 0.00 |
| 11. | | 11. \$ | 0.00 |
| | Transportation. Include gas, maintenance, bus or train fare. | · · · · · · | 0.00 |
| , , | Do not include car payments. | 12. \$ | 150.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13, \$ | 0.00 |
| | Charitable contributions and religious donations | 14. \$ | 0.00 |
| 15. | ~ | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. \$ | 0.00 |
| | 15b. Health insurance | 15b. \$ | 0.00 |
| | 15c. Vehicle insurance | 15c, \$ | 125.00 |
| | 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | ************************************** |
| | Specify: | 16. \$ | 0.00 |
| 17. | Installment or lease payments: | ************************************** | |
| | 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | 17c. Other Specify: | 17c, \$ | 0.00 |
| | 17d. Other, Specify: | 17d. \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not repo | | |
| | deducted from your pay on line 5, Schedule I, Your Income (Official Form 10 | | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | \$ | 0.00 |
| | Specify: | 19, | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on | Schedule I: Your Income |). |
| | 20a. Mortgages on other property | 20a. \$ | 0.00 |
| | 20b. Real estate taxes | 20b. \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. | Other: Specify: | 21. +\$ | 0.00 |
| | | | |
| 22. | Calculate your monthly expenses | | |
| | 22a. Add lines 4 through 21, | \$ | 1,279.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106 | J-2 \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses, | \$ | 1,279.00 |
| 23 | Calculate your monthly net income. | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 20. | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 0.000.24 |
| | 23b. Copy your monthly expenses from line 22c above. | 4779 T414 T3 T341770 | 9,809.21 |
| | 200. Copy your monthly expenses normale 220 above. | 23b\$ | 1,279.00 |
| | 23c. Subtract your monthly expenses from your monthly income. | | |
| | The result is your monthly net income. | 23c. \$ | 8,530.21 |
| | Toward your morning not provinte. | | |
| 24. | Do you expect an increase or decrease in your expenses within the year aft For example, do you expect to finish paying for your car loan within the year or do you expect modification to the terms of your mortgage? | er you file this form? It your mortgage payment to in | ncrease or decrease because of a |
| | ₩ No. | | |
| | ☐ Yes. Explain here: | | |
| | — 100. Enployments | | |

Official Form 106J

Schedule J: Your Expenses

page 2

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| Debtor 1 | Lynn Ann Simon | | | | |
|--------------------|--------------------------|-------------------|---------------|-------|-----------------------|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF CALIFORNIA | 1 100 | |
| Case number | 19-31238 | | | | |
| if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|--|
| Did you pay or agree to pay someone who is | NOT an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| Under penalty of perjury, I declare that I have hat they are true and correct. | read the summary and schedules filed with this declaration and |
| · | Y |
| X /s/ Lynn Ann Simon Lynn Ann Simon Signature of Debtor 1 | Signature of Debtor 2 |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

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